

Important: Please read all instructions before completing form Report period from January 1 to December 31, 2015

Check if information below is identical to the information submitted last year

| | | | |
|--|--|--|--|
| Facility Identification (2a) - Facility Location Facility Name: Belfonte Ice Cream Co. Max No. of Occupants: 50 Street Address: 1511 Brooklyn Ave Status: Manned City: Kansas City State: MO Zip: 64127 Phone: 816-483-9070 Fax: 816-483-1442 E-Mail: dsanders@belfontedairy.com County: Jackson | | Owner/Operator Information (2b) Name: Hiland Dairy Foods Mail Address: 1133 E. Kearney City: Springfield State: MO Zip: 65801 Phone: 417-862-9311 Fax: 417-837-1106 E-Mail: | |
| Mailing Address: Name: Belfonte Ice Cream Co. Mail Address: 1511 Brooklyn Ave City: Kansas City State: MO Zip: 64127 | | Regulatory point of Contact Information (2c) Name: Danny Sanders Mail Address: 1511 Brooklyn City: Kansas City State: MO Zip: 64127 Phone: 816-483-9070 Fax: 816-483-1442 E-Mail: | |
| RMP Facility ID: NAICS Code: 311520 TRI Number: Latitude: D: 94 M: 35 S: 33 Longitude: D: 39 M: 07 S: 23 | | Emergency Contact Information (2d) Name: Henry Belfonte Title: General Manager Phone: 816-483-9070 24 hr. Phone: 816-694-9022 Name: Derek Graviette Title: Production Manager Phone: 816-483-9070 24 hr. Phone: 816-508-9411 | |
| Fire Department with Jurisdiction: Kansas City FD Are Any Explosive Listed? No Land Owner: Other | | Submission for Reporting Year: <input type="radio"/> Initial <input type="radio"/> Update | |
| Subject to Emergency Planning Under Section 302 of EPCRA (40 CFR part 355)? No Subject to Chemical Accident Prevention under Section 112(r) of CAA(40 CFR part 68, Risk Management Program)? No | | | |

Certification (Read and sign after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguard measures

Name and official title of owner/operator OR owner/operator's authorized representative
 Name Justin Jenkins Title QA Manager Signature _____ Date Signed _____

| | | |
|---|---|-----------------------------------|
| Facility Name: Belfonte Ice Cream Co. | Emergency Contact Name: Henry Belfonte | 24 hr. Phone: 816-694-9022 |
| City: Kansas City State: MO Zip: 64127 | | |

| | | |
|--|---|--|
| Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 7664-41-7 Trade Secret: <input type="checkbox"/> Chemical Name: Anhydrous Ammonia Check all that apply: (<input checked="" type="checkbox"/> <input type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) <input checked="" type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name: Ammonia Refrigerant | Physical and Health Hazards (4) Check all that apply: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic) | Inventory (5) Max Daily Amount Code: 05 Avg. Daily Amount Code: 05 No. of Days on Site Per Year: 365 <input type="checkbox"/> Optional Report |
|--|---|--|

Storage Codes and Locations (6) (Note: This information is Not Confidential)

Container Pressure Temperature
 Code: **C 2 6** Storage Location: **Stored in compressor room**

| | | |
|---|--|--|
| Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 7697-37-2 Trade Secret: <input type="checkbox"/> Chemical Name: Nitric Acid Check all that apply: (<input type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>) <input checked="" type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name: AC-55-5 Red, Mandate Plus | Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input checked="" type="checkbox"/> Delayed (Chronic) | Inventory (5) Max Daily Amount Code: 04 Avg. Daily Amount Code: 04 No. of Days on Site Per Year: 365 <input type="checkbox"/> Optional Report |
|---|--|--|

Storage Codes and Locations (6) (Note: This information is Not Confidential)

Container Pressure Temperature
 Code: **E 1 4** Storage Location: **Chemical room with self closing doors on the second story in the middle of the production plant.**

Certification (Read and sign after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative
 Name Justin Jenkins Title QA Manager Signature _____ Date Signed _____

[Previous Page](#)

[Next Page](#)

| | | |
|---|---|-----------------------------------|
| Facility Name: Belfonte Ice Cream Co. | Emergency Contact Name: Henry Belfonte | 24 hr. Phone: 816-694-9022 |
| City: Kansas City State: MO Zip: 64127 | | |

| | | |
|--|--|--|
| Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 79-21-0 Trade Secret: <input type="checkbox"/> Chemical Name: Peroxyacetic Acid Check all that apply: (<input type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) <input checked="" type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name: Vortexx | Physical and Health Hazards (4) Check all that apply: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic) | Inventory (5) Max Daily Amount Code: 04 Avg. Daily Amount Code: 03 No. of Days on Site Per Year: 365 <input type="checkbox"/> Optional Report |
|--|--|--|

Storage Codes and Locations (6) (Note: This information is Not Confidential)

Container Pressure Temperature

Code: **E 1 4** Storage Location: **Chemical room with self closing doors on the second story in the middle of the production plant.**

| | | |
|---|---|--|
| Chemical Description (3) <input type="checkbox"/> Check if info is same as last year. CAS: 1310-73-2 Trade Secret: <input type="checkbox"/> Chemical Name: Sodium Hydroxide Check all that apply: (<input type="checkbox"/> <input checked="" type="checkbox"/>) (<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>) <input checked="" type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name: Conquest, Liquid-90, Enforce LP | Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic) | Inventory (5) Max Daily Amount Code: 06 Avg. Daily Amount Code: 05 No. of Days on Site Per Year: 365 <input type="checkbox"/> Optional Report |
|---|---|--|

Storage Codes and Locations (6) (Note: This information is Not Confidential)

Container Pressure Temperature

Code: **E 1 4** Storage Location: **Chemical room with self closing doors on the second story in the middle of the production plant.**

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative
 Name Justin Jenkins Title QA Manager Signature _____ Date Signed _____

[Previous Page](#)

[Return to Facilities List](#)